

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : NAKAGAWA, Susumu
Serial No. : 09/894,628
For : CONTENT CONTROL METHOD, CONTENT
CONTROL DEVICE AND PROGRAM STORAGE
MEDIUM FOR STORING CONTENT CONTROL
PROGRAM TO CONTROL THE CONTENTS
Filed : June 28, 2001
Examiner : Le, Nancy Loan T.
Art Unit : 3621
Confirmation No. : 6151

745 Fifth Avenue
New York, NY 10151

CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being transmitted via
Electronic Filing Services on October 14, 2009.

Patricia A. Dubyne

(Name of person signing transmittal)

Patricia A. Dubyne
Signature

October 14, 2009

Date of Signature

**NOTICE OF APPEAL UNDER 37 C.F.R. §1.191 FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the
Examiner's Decision, in the Final Office Action dated April 14, 2009, finally rejecting
Claims 1-3, 6, 7, 9 and 10.

A response to the Final Office Action mailed April 14, 2009 was filed in the Patent Office on June 11, 2009. We have not yet received an Advisory Action from the Examiner concerning this application.

Applicant contends that only a one-month extension-of-time fee is due because Applicants filed their reply "within 2 months of the date of the final Office action, the shortened statutory period will expire at 3 months from the date of the final rejection or on the date the advisory action is mailed, whichever is later." MPEP 706.07(f).

The item(s) checked below are appropriate:

- (1) ☒ This is a petition to request a one month extension of time. Submitted herewith is an electronic payment in the amount of \$130.00 to cover the cost of this petition.
- (2) ☒ Notice of Appeal Fee Under 37 C.F.R. §1.17(b). Submitted herewith is an electronic payment in the amount of \$540.00.
- ☐ Not required (Fee paid in prior appeal)
- (3) ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.
- (4) ☐ An Oral Hearing is requested.

Respectfully submitted,

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By: 

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